



**BOARD OF BEHAVIORAL SCIENCES**  
1625 North Market Blvd., Suite S200 Sacramento, CA 95834  
Telephone (916) 574-7830  
TDD (916) 322-1700  
Website Address: <http://www.bbs.ca.gov>



## **INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING**

### **I. FINGERPRINT REQUIREMENTS**

**All applicants** are required to submit two sets of fingerprints. All requests from this Board for background checks of applicants must be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. Previously processed fingerprint cards, or photocopies of fingerprint impressions are not acceptable.

**A LICENSE OR REGISTRATION WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ.** However, the Board will not delay licensure or registration while awaiting the FBI reports. If the FBI subsequently reports a conviction, the Board may take disciplinary action against the license if the conviction is subsequently related to the licensee's scope of practice or for failure to disclose the conviction on the application.

#### **Fingerprint Fees**

DOJ FINGERPRINT PROCESSING FEE \$32.00  
FBI FINGERPRINT PROCESSING FEE \$24.00

The Live Scan agency will collect the fingerprint processing fees directly from the applicant at the time you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to the service fee charged by the Live Scan operator.

### **II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

Applicants must complete and submit the enclosed Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **THE SECOND COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ. Retain the third copy for your records.**

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://caag.state.ca.us/app/livescan.htm>, select "Contact Information". **APPLICANTS SHOULD CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You must present a valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

COMPLETE THE ENCLOSED "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM". Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

- **Your name must be identical to that submitted on your application.**
- All applicants must complete all items, which are marked by a black "X".
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

**Box 1:** Type of License, Certification or Permit- Place an "X" in the box next to the registration/license type for which you are applying. For Intern Registration and Marriage and Family Therapy Licensure place an "X" in the box next to Marriage and Family Therapist. For Associate Registration and Clinical Social Worker Licensure place an "X" in the box next to Clinical Social Worker.

**Box 2:** No action required.

**Box 3:**

Name of Applicant- Enter your full name, identical to that submitted on your application

AKA's- Indicate all other names used

DOB- Indicate your month/day/year of birth

Sex- Place "X" in the appropriate box

HT- Indicate your height in feet and inches using a three-digit code (first digit=feet, second and third digits=inches)

**EXAMPLE: 5 feet 9 inches = 509**

WT- Indicate your weight in pounds

Eye Color- Indicate eye color abbreviation:

**BLK** - Black

**GRY** - Gray

**MAR** - Maroon

**BLU** - Blue

**GRN** - Green

**PNK** - Pink

**BRO** - Brown

**HAZ** - Hazel

**MUL** - Multicolor

Hair Color- Indicate hair color abbreviation:

**BAL** - Bald

**BRO** - Brown

**SDY** - Sandy

**BLK** - Black

**GRY** - Gray

**WHI** - White

**BLN** - Blonde

**RED** - Red

POB- Indicate the state or country of birth

SOC- Enter your social security number

CDL- Enter your California Driver's license number

**Box 4:**

If resubmission, list Original ATI No. provided on the reject notification to avoid paying an additional processing fee.

**Box 5:** No action required

**Box 6:** To be completed by the Live Scan operator

**REMEMBER, THE SECOND COPY OF THE FORM MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.**

**REQUEST FOR LIVE SCAN SERVICE FORM**  
**Applicant Submission**

ORI: AO462 Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Type of Licensure, Certification or Permit:

☐ Marriage and Family Therapist ☐ Clinical Social Worker ☐ Educational Psychologist

Agency Address Set Contributing Agency

**BOARD OF BEHAVIORAL SCIENCES**

**01484**

Mail Code

**1625 NORTH MARKET BLVD., SUITE S200**

**Rosanna Webb-Flores**

Contact Name

**SACRAMENTO, CA 95834**

**(916) 574-7830**

Name of Applicant: \_\_\_\_\_

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or PO Box

POB: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number Leave Blank  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street No.

\_\_\_\_\_  
Mail Code (assigned by DOJ)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Agency Telephone No.

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Transmitting Agency ATI No. Amount Collected/Billed

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